



APPLICATION FOR PERMANENT RESIDENCE IN CANADA

File

1. I am applying as principal applicant dependant

2. Total number of your dependants:

3. Destination in Canada:

6. Full name in the script of your choice (Cyrillic or Latin characters)

4. Present address

5. Mailing address

Telephone number:

7.	Principal applicant	Spouse	First dependant	Second dependant	Third dependant	Fourth dependant
Family name						
Given names						
Other names						
Relationship to principal applicant	Self					
Date of birth						
Sex (M or F)						
Marital status						
Place of birth						
Country of birth						
Citizen of						
Passport number						
Passport validity						
Intended occupation in Canada						
Total number of school years						
Highest level of schooling obtained						
Country of last permanent residence						

PAL APPLICANT

ada (in Canadian currency)

on?

spoke in your home?

<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all	<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all
<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all	<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all
<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all	<input type="checkbox"/> fluently	<input type="checkbox"/> well	<input type="checkbox"/> with difficulty	<input type="checkbox"/> not at all

ost-secondary education / apprenticeship training

Name of institution
(including apprenticeship training)

Full mailing address

Type of certificate
or diploma issued

years (provide details on a separate sheet as required)

Name of employer
(write name in full - do not use abbreviations)

Full mailing address

My occupation

r or organization in Canada has offered to assist me after arrival (name and address and copy of job offer, if you have one):

t relative living in Canada

Relationship

FOR OFFICE USE ONLY

Fee

Receipt No.

Signature of officer

years have been:

Street and number	City or town	Country

countries ▶

seen (or still am) a member of, or associated with, the following political, youth, social, student or vocational organizations (including trade unions and professional associations). Include any military service service in last column):

Name and address of organization	Type of organization	Position held (if any)

Date of birth	City, town and country of birth	Present address in full (if deceased give date)

Persons in question 7 ever provide details on a separate sheet):

al or mental disorder? _____

any country? _____

ant or _____

itor _____

ry? _____

ered _____

ntry? _____

been involved or crime _____

21. Principal applicant: attach four recent passport size photographs of yourself and each person under age 19 listed in question 7. Spouse or dependent children over age 19: attach four photographs of yourself on your separate application form. All photographs should be identified by writing the person's name and date of birth on the reverse side of the photograph.

22. AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- A.** I hereby authorize all governmental authorities, including all police, judicial and state authorities in all the countries in which I have resided, to release to the Canadian Government authorities all behalf concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in evaluating my suitability for admission to Immigration Legislation.
- B.** I understand that, having applied for permanent residence in Canada, I (and my family) may be required to undergo a medical examination, and I therefore consent to the release of specific detail family (if applicable), as may be relevant to my admission to Canada, to the following: Immigration officers, Visa officers, and medical officers of the Health Advisory Services; authorized officials Canada; the Immigration Appeal Division and other judicial bodies.
- C.** I further authorize Canadian government authorities to release, as necessary, any personal financial information or corporate financial information of which I am the proprietor to the approval destination. I understand that this information will be used to assist in evaluating my suitability for admission or for monitoring purposes pursuant to my admission to Canada, or any other reason, provided that I also authorize the release of information from my Immigration records to: (check one or more):

The individual named hereinafter: _____ (Name of individual)

My Canadian legal representative (if any) My sponsor (if applicable)

I do not authorize the release of any information except to the

Signature of applicant _____

23. DECLARATION OF APPLICANT

- I personally accept full responsibility for all statements made in this application, and declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada, and even though I should be admitted to Canada for permanent residence, a fraud prosecution and/or removal.
- Should my answers to questions 7 or 20, change at any time prior to my departure for Canada, I undertake to report such change and delay my departure until I have been informed in writing, proceed to Canada.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature of applicant _____

24. INDIVIDUAL, FIRM OR ORGANIZATION WHO ASSISTED IN THE PREPARATION OF THIS APPLICATION (if applicable)

Name _____ Address _____

Signature of individual or authorized officer _____

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IT IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

25. SOLEMN DECLARATION

I, _____ solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration knowing that it is of the same force and effect as if made under oath.

INTERPRETER DECLARATION

I, _____ solemnly declare that I have faithfully and accurately interpreted in the _____ language _____ related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and effect as if made under oath.

Signature of interpreter _____

Declared before me at _____ this _____ day of _____ 19 _____

Signature of the official of the Government of Canada _____